

# READY READER

Kansas CMS Emergency Preparedness CoP Newsletter

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**Q: If a facility accepted patient transfers due to another facility's real-world emergency, is the "accepting" facility exempt from the annual full-scale exercise requirement under 482.15(d)(2)(i)?**

A: The receiving facility may be considered under the exemption above for 1 year following the actual disaster ONLY if it activated its own facility emergency plans. For instance, in a patient surge incident which led nursing home residents to be evacuated to a hospital, the hospital would be exempt if it activated its emergency plan.

Note: This exemption is applicable to all provider and supplier types.

**Q: There are some clinics that are associated with a hospital (either are actually physically attached to the hospital or are not) and do not have the same CCN number, do these clinics need to have their own emergency plans or can they have the same plans as the hospital?**

A: Clinics and any other type of facility that do not operate under the same CCN of a hospital that they are "affiliated with" must have their own emergency preparedness program/plan.

**Q: If multiple sites within the same county, each with separate CCN (such as an RHC/FHQC) exist, does each location need to have its own program/risk assessment?**

A: Each separately certified facility (separate CCNs) must have its own risk assessment.

**Q: How does this rule apply to free-standing emergency departments?**

A: Only emergency departments (located on or off campus) that are part of a Medicare certified hospital and operate under that hospital's CCN (CMS Certification Number) are required to be in compliance with the CMS Final Rule.



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- More Questions and Answers from CMS

Previous issues of the Ready Reader available at <http://www.kdheks.gov/cphp/providers.htm>

**Q: If a state or local emergency response agency conducts its annual emergency preparedness exercise the 3rd week of November 2017 (past the CMS implementation date of November 15, 2017), will a facility be out of compliance if it does not participate in a full-scale community based exercise by November 15, 2017, but instead participates in the state/local exercise during the third week of November 2017?**

A: Facilities must be compliant with the two training exercises requirement by November 15, 2017. The regulation allows for facilities to conduct an individual facility-based exercise if a full-scale community-based exercise is unavailable. If the facility chooses not to participate in a community-based exercise prior to November 15, 2017 and does not complete an individual full-scale facility-based exercise (in place of a community-based exercise), it would be out of compliance.

Surveyors will likely cite the non-compliance as standard-level non-compliance (Level C for Long Term Care facilities) in this first year as modified enforcement. As with any other non-compliance, the facility would submit an acceptable plan of correction which would include plans to participate in the required training exercises. Facilities will be expected to demonstrate to surveyors that it has completed 2 of the required training exercises within the previous 12 months, or between November 15th and November 15th of the following year.

It is important to note that facilities which experience an actual emergency requiring activation of their emergency plan are exempt from the full-scale requirement for that annual year, but must still meet the second exercise requirement (i.e. table-top exercise or exercise of their choice).

**Q: Under what conditions are portable generators appropriate?**

A: Within Appendix Z- Interpretive Guidelines for Emergency Preparedness for All Providers and Suppliers, we discuss under Standard (b), which puts forth the requirements for some providers to have temperature control and alternate source energy, the use of portable generators. The guidance states: *"If a facility determines the best way to maintain temperatures, emergency lighting, fire detection and extinguishing systems and sewage and waste disposal would be through the use of a portable generator, then the Life Safety Code (LSC) provisions, such as generator testing and fuel storage, etc. outlined under the NFPA guidelines would not be applicable. Portable generators should be operated, tested, and maintained in accordance with manufacturer, local and/or State requirements."*

This only would apply to those facilities affected by Standard (b), with the exception of providers and suppliers who choose to do this outside of the emergency preparedness requirements, but DOES NOT apply to Hospitals, CAHs and LTC facilities. NFPA 110 requires emergency power supply systems to be permanently attached, therefore portable and mobile generators would not be permitted as an option to provide or supplement emergency power to Hospitals, CAHs or LTC facilities as outlined within the Emergency Power section-Standard (e) requirements.

**Q: What is the frequency of generator testing according to the NFPA 110?**

A: NFPA 110, *Standard for Emergency and Standby Power Systems* has many requirements for the installation, maintenance and testing of generators, depending on the type of generator. Basic requirements are that a generator be inspected weekly and test run for 30 minutes monthly.

**Q: The Interpretive Guidelines state that facilities should consider that *if an evacuation is in progress and the facility must evacuate, leadership should consider the needs for critically ill patients to be evacuated and accompanied by staff who could provide care and treatment enroute to the designated relocation site, in the event trained medical professionals are unavailable by the transportation services.* What are the expectations when the staff arrive at the intake facility and are asked to stay to assist?**

A: The guidance touches on the importance of succession planning, as well as identification of patient “at-risk” populations. We do not address their status after they have arrived at an alternate location. Providers might consider different support scenarios for evacuated patients when developing their evacuation policies and procedures such as state and local requirements and or other considerations for both evacuating and hosting facilities. For example, if the evacuating facility is evacuating all patients and it is evident that the intake facility needs assistance from the evacuated facility staff, this would be acceptable as long as each facility complies with their state and local laws as it relates to credentialing and providing services.

**Q: Regarding fulfilling the testing needs: Do we need to conduct two tests a year? And minimally one of them needs to be a community based test? If an emergency presents itself between November 15, 2017 and December 31, 2017, would that satisfy one testing need?**

**Would that be the community based need? And would that cover us for the period until November 15, 2018 or until the end of the calendar year 2017?**

A: Facilities are required to participate in a full-scale exercise that is community-based or when an individual facility-based exercise when a community-based exercise is not accessible AND conduct an additional exercise that may include a second full-scale community or facility-based exercise or a tabletop exercise (as described in the regulations.)

So yes, a facility is required to conduct two tests annually. If the facility experienced an emergency and had to activate its emergency plan between November 15, 2017 and December 31, 2017 that would satisfy one of the annual testing requirements and would exempt the facility from engaging in a community or facility based exercise for one year following the date of the actual emergency event. The “annual” testing requirement will not be measured on a calendar year basis which is January 1 through December 31. The annual requirement will be measured from the date of the last actual emergency event or the date the exercise/testing took place.

**Q: Some vendors are telling healthcare facilities that they need to purchase certain quantities of medically related supplies in order to be in compliance with the new Emergency Preparedness rule. What supplies and quantities (if any) do healthcare facilities need to purchase to be in compliance?**

A: The regulation does not require any specific items and quantities that facilities must have to be in compliance with the rule. It is up to each individual facility to conduct an assessment of its facility’s supply needs during an emergency and make purchases based on its assessment.

**Q: What are the requirements for facilities regarding HVAC systems and alternate source energy?**

**A:** The following providers have a mandatory requirement based on the new EP regulation to have an alternate source of energy to maintain temperatures to protect [patient, resident, participant, client] health and safety and for the safe and sanitary storage of provisions: RNHCL, Hospice (inpatient), PRTF, PACE, Hospitals, LTC, ICF/IIDs, and CAH.

During an emergency situation, the providers listed above with a mandatory requirement for alternate sources of energy, must be able to maintain temperatures. Maintaining temperatures could involve heating or cooling the facility to maintain temperature levels within the facility to protect the individual's health and safety, as well as the safe and sanitary storage of provisions.

During the risk assessment a provider will need to determine how they will be able to maintain temperatures that will protect the health and safety of (patient, resident, participant, client) and the safe and sanitary storage of provisions if their facility loses power. The provider needs to determine how they will provide heating or cooling to their facility, if required, to maintain temperatures during an emergency situation, if they lose power.

We (CMS) recommend facilities also review the preamble at Page 63882 Federal Register / Vol. 81, No. 180/ Friday, September 16, 2016. Additional guidance will be forthcoming in the Interpretive Guidelines.

**Q: Some providers have asked CMS to provide examples for what exercises facilities should consider.**

**A:** The training and exercise requirements of the regulation call for individual-facility and/or full-scale community-based exercises, the below are some examples of exercise considerations:

- Earthquakes
- Tornados
- Hurricane
- Flooding
- Fires
- Cyber Security Attack
- Single-Facility Disaster (power-outage)
- Medical Surge (i.e. community disaster leading to influx of patients)
- Infectious Disease Outbreak
- Active Shooter

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